



RItE Stats

Analysis of RItE Care Utilization Data

**Rhode Island Department of Human Services
Center for Child and Family Health**

Director's Message:

I am pleased to release the second issue of **RItE Stats**, the Rhode Island Department of Human Services Newsletter about the RItE Care Program.

Over the past year, we have frequently been asked about enrollment trends and recertifications in RItE Care. This issue deals with factors related to enrollment including: monthly trends in enrollment, duration of enrollment among current members, and disruptions (or gaps) in enrollment during the last calendar year. We hope these results will help create a better understanding of the RItE Care population and their patterns of enrollment in the program.

Best Regards,

Christine C. Ferguson
Director
RI Department of Human Services (DHS)

RItE Care is the State of Rhode Island's health insurance program for families on Medicaid, uninsured families with incomes up to 185% of the Federal Poverty Level (FPL), and uninsured pregnant women and children under 19 in families with incomes up to 250% of the FPL. Eligible individuals are enrolled in a health maintenance organization (HMO or Health Plan) which is paid a monthly capitation rate for providing or arranging health services for covered members. The program was designed to increase access to health care services by expanding eligibility to uninsured families and by providing each member with a 'medical home' in the form of a primary care provider (PCP).

Eligibility for RItE Care is normally redetermined at twelve-month intervals. However, new members are guaranteed enrollment in a health plan for six months, even if eligibility for Medical Assistance is lost. Clients can lose eligibility for RItE Care benefits if their circumstances change and they no longer qualify for the program or if they fail to recertify at the proper time. In either case, the client must reapply to be reinstated into the program. It is not uncommon for clients to have several enrollment segments interspersed with gaps or periods of disenrollment.

A comprehensive plan for monitoring and evaluating RItE Care has been prepared and is being implemented by the Center for Child and Family Health under contracts with Birch and Davis Health Management Corporation, KRA Corporation, and MCH Evaluation, Inc. As required by the special terms and conditions of the State's waiver from the Federal Government making RItE Care possible, participating Health Plans are required to submit quarterly hospital, professional service, prenatal and pharmacy data files to the State. These data files are intended to record all health services provided to members during the report quarter and any previous quarter for which services were rendered. These files are edited by the

State's central processing unit according to prescribed criteria¹ and extract files are sent to the Center for Child and Family Health for further review and analysis. In addition to quarterly reviews for face validity and reliability, these data are periodically validated against claims and medical records. These data facilitate monitoring the utilization, access and quality of care provided to RItE Care members. Other monitoring and evaluation activities include an annual member satisfaction survey, on-site review of Health Plan policies and procedures, selected focus group studies, and a variety of health outcomes research.

RItE Care Enrollment Enrollment Time and Periods of Disenrollment (Gaps) in RItE Care through calendar year 2000

Background

For reporting purposes, duration of enrollment is calculated for each member (or enrollee; the terms are interchangeable) based on her or his original start date through the most recent period of eligibility, ignoring any gaps in enrollment of 45 days or less. According to national standards², gaps of greater than 45 days are viewed as sufficiently disruptive to consider the client 'new' to the program when she or he returns with a new start date beginning on the date of enrollment that immediately followed the gap of greater than 45 days. Any number of gaps of 45 days or less can occur without disrupting continuity of enrollment as defined in this manner.

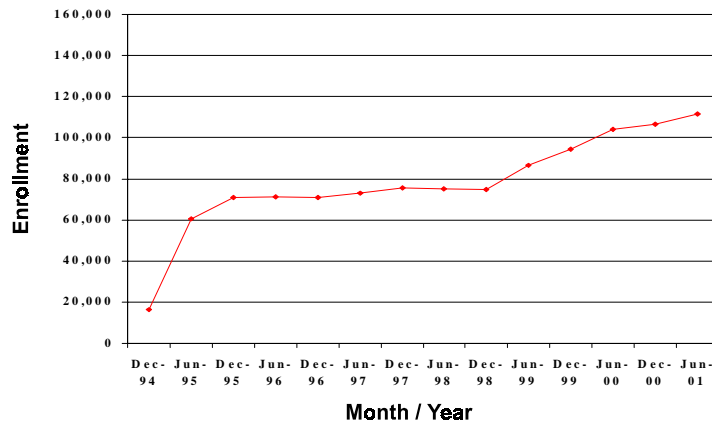
Monthly enrollment figures are normally reported as a census of clients on the last day of each month. This method provides for consistency in reporting from month to month and a good estimate of the eligible population at a particular point in time. However, this method tends to underestimate the population actually served during any period of time. For example, there were a total of 106,554 clients enrolled in RItE Care on December 31, 2000. However, there were 109,065 clients served by the program at some time during December 2000 and 131,033 people served by RItE Care at some time during calendar year 2000.

This issue of RItE Stats is intended to illustrate trends in RItE Care enrollment over time since the beginning of the program with special emphasis on the number of clients served, the duration of enrollment and the impact of gaps in enrollment on continuity of contact with the program.

Current Enrollment and Duration of Enrollment among Members Enrolled during Calendar Year 2000.

Enrollment in RItE Care has increased steadily since the State began enrolling new members into managed care health plans in August of 1994 (see Figure 1) and has recently reached 111,624 members as of the last day of June 2001. Membership rose steeply during the early years of the program, climbing to over 70,000 in the fall of 1995. During 1996 through 1998, enrollment remained fairly constant, increasing by only 5,000 members during the three-year period. Since the beginning of 1999, however, enrollment has been increasing steadily to 111,624 as of June 30, 2001. Most of this increase (about two-thirds) has come from the expansion population (i.e., low income children and parents) as well as transfers from fee-for-service Medicaid such as foster children.

**Figure 1. Monthly Enrollment in RItE Care:
August 1994 through June 2001**



It is important to note that over 189,440 Rhode Islanders have been served by the program at one time or another since the program began in 1994, 131,033 in Calendar Year 2000 alone. Some of these people have been continuously enrolled in the program from the very beginning, some have left the program completely, while others have left, for one reason or another, and returned after periods of disenrollment of varying lengths. Gaps in enrollment can be as brief as one day or as long as a year or more (see next section) and some members have had more than one period of disenrollment during their contact with the program.

Table 1 presents a frequency distribution of enrollment during Calendar Year 2000 in groups ranging from less than six months to over 71 months. Only 14.9% (19,464) of clients had been enrolled for less than 6 months, while 8.6% (11,207) had been enrolled for six or more years (i.e., 72 or more months). Overall, 66% of persons enrolled as of June 30, 2001 had been enrolled for a year or more and the average length of enrollment was 34.6 months. As such, the RItE Care cohort consists of a large group of members who have been enrolled for a considerable period of time as well as a substantial group of new enrollees just getting acquainted with the program or returning after a period of disenrollment.

**Table 1. Months Enrolled in RItE Care among
Members Enrolled during Calendar Year 2000**

Months	Number	Percent
<6	19,464	14.9
6 -11	23,805	18.2
12-35	28,464	21.7
36-59	18,898	14.4
60-71	29,195	22.3
> 71	11,207	8.6
<i>Total</i>	<i>131,033</i>	<i>100.0</i>

NOTE: The average length of enrollment among members enrolled during calendar year 2000 was 34.6 months.

Disruptions (i.e., Gaps) in Enrollment during Calendar Year 2000

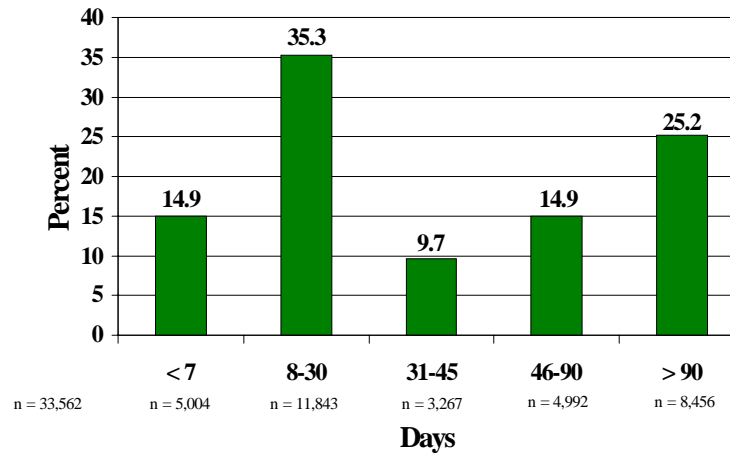
Table 2 illustrates the number of people in the program who had a gap of any length in enrollment during Calendar Year 2000 and the number with multiple gaps. (Note that Table 2 only deals with gaps that occurred only during Calendar Year 2000. Gaps from previous periods are not addressed here.) Overall, about 1 in 4 RItE Care members (23.7%) experienced at least one gap in enrollment during calendar year 2000 and a small (<2.0%) but important group of clients had multiple gaps in enrollment. On the other hand, 76.3% had been continuously enrolled with no periods of disenrollment during the calendar year.

Table 2. Frequency Distribution: Number of Gaps in Enrollment among RItE Care Members Enrolled during Calendar Year 2000

Gaps	Number	Percent
None	99,919	76.3
One	28,927	22.1
Two	1,948	1.5
Three	218	0.2
Four	20	0
Five	1	0
<i>Total</i>	<i>131,033</i>	<i>100.0</i>

While many of these gaps were brief and unlikely to cause any major disruption in access to services, others were of longer durations that are apt to disrupt access to services.³ Figure 2 presents data on the total number and duration of gaps that occurred during Calendar Year 2000. (Note that Table 2 presents data on people who had one or more gap while Figure 2 deals exclusively with the total number of gaps, not the number of individuals). Clearly, a substantial number of the gaps that occurred during Calendar Year 2000 were of sufficient duration to cause some possible disruption in services.

Figure 2. Gaps in Enrollment by Duration during Calendar Year 2000



Only 14.9% (5,004) of the 33,562 gaps during Calendar Year 2000 were of duration 7 days or less while 25.5% (8,456) were for more than 90 days. Gaps between 8-30 days were the most common (35.3%) period of disenrollment. In addition, gaps between 31-45 days accounted for 9.7% of all gaps during calendar year 2000 and gaps of 46-90 days constituted 14.9%.

Impact on Enrollment

As previously mentioned, each month clients may be terminated from the program for a variety of reasons, some administrative (e.g., failure to reapply in time), others due to changes in the client's status with the program. A certain number of these members are likely to return after a period of disenrollment of varying length. Table 3 illustrates the average duration of disenrollment among members terminated in an average month.

According to recent trends, among the 2,800 members who terminate in an average month, approximately 243 (8.7%) are likely to re-enroll within 7 days, 577 (20.6%) will re-enroll within 8-30 days and 160 (5.7%) between 31 and 45 days. On the other hand, 243 (8.7%) will re-enroll within 46-90 days, 412 (14.7%) within 90-365 days and as many as 1165 (41.6%) will not re-enroll within a year.

Overall, 35% of the members who terminate in a given month can be expected to re-enroll in the program within 45 days, an additional 23.4% will re-enroll within a year, and the remaining 41.6% will not return within a year.

Table 3. Disruptions in Enrollment by Duration of Time to Re-enrollment (Calendar Year 2000)

Re-enroll within 7 days	Re-enroll within 8-30 days	Re-enroll within 30-45 days	Re-enroll within 46-89 days	Re-enroll within 90-365 days	Will not re-enroll within a year	Average monthly terminations
243 (8.7%)	577 (20.6%)	160 (5.7%)	243 (8.7%)	412 (14.7%)	1,165 (41.6%)	2,800

Summary and Conclusions

Monthly enrollment in RIte Care reached 111,624 members by the end of June 2001 while the program as a whole served over 131,000 people during calendar year 2000. Current enrollees in RIte Care have been associated with the program for a considerable period of time with fewer than 15% enrolled for less than 6 months and as many as 11,207 enrolled for six years or more. The average length of continuous enrollment is 34.6 months or almost 3 years.

Gaps in enrollment are important to monitor as any period of disenrollment can cause disruptions in access to services. As many as 23.7% of enrollees experienced at least one gap in enrollment during Calendar Year 2000. Among people who terminate from the program in any given month, about 60% will return to the program within a year (35% within 45 days and 25% between 46 and 365 days). Still, up to 40% of terminations will not return within a year.

Further research is needed to determine reasons for these gaps and how these gaps actually impact access to services.

References

1. Managed Care Business Design: Encounter Data Business Design. Department of Human Services, Cranston, RI. 1996.
2. HEDIS ® 2001: National Committee for Quality Assurance. Washington, DC. 2000
3. Kogan MD, Alexander GR, Teitelbaum MA, Jack BW, Kotelchuck M, Pappas G. The effect of gaps in health insurance on continuity of a regular source of care among preschool-aged children in the United States. JAMA 1995; 274:1429-1435.

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